

School-Wide Positive Behavior Support and Students with Emotional/Behavioral Disorders: Implications for Prevention, Identification and Intervention

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Special education continues to document the poor within and post-school outcomes among children and youth with Emotional/Behavioral Disorders (EBD). While the poor outcomes are due to a myriad of causes, three issues routinely emerge as problematic in the field. First, the need for early intervention and prevention has been well documented, and yet educators continue to struggle with building effective prevention systems. Second, a clear disconnect exists between the current federal definition of “seriously emotionally disturbed” and the educational focus and intent of the law leading to inconsistencies and under-identification of students and the adoption of a pathology model versus a strength-based educational model. Finally, the field continues to struggle with the implementation and sustained use of evidence-based practices within and across schools and school districts. The purpose of this article is to discuss how School-Wide Positive Behavior Support can assist in addressing the issues related to the prevention, educational identification and effective intervention implementation through its systemic logic, data-based decision making, and capacity building within and across schools. Research to date is reviewed with respect to addressing EBD challenges in school and implications for future research and practice are discussed.

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The poor outcomes for the majority of children and youth identified with Emotional/Behavioral Disorders (EBD) have been well documented (Wagner, Kutash, Duchnowski, Epstein, & Sumi, 2005). Half of students labeled EBD drop out of school, the highest rate among all disability categories (U.S. Department of Education, 2004). Of those who remain in school, only 42% graduate with a diploma and overall have lower grades than any other group of students with disabilities (Wagner et al., 2005). Twenty percent of students with EBD are arrested at least once before they leave school, over half are arrested within a few years of leaving school, and a staggering 70% have been arrested among those who have dropped out (VanAcker, 2004). Overall, students with EBD face bleak post-school outcomes, including unemployment, substance abuse, and poor social supports (Wagner et al., 2005).

The purpose of this article is to add to the emerging call for a broader prevention and proactive education focused system of identifying and supporting students with social behavior problems through a continuum of supports within a School-Wide Positive Behavior Support (SWPBS) framework. Specifically, the potential for creating a systemic continuum of supports for students with EBD through SWPBS is discussed with respect to (a) current recommendations within the EBD field emphasizing an instructional strength based approach, (b) school/district prevention and early intervention, (c) use of SWPBS data as part of a “response to intervention” evaluation process, and (d) systemic implementation of SWPBS practices across school environments to increase and compliment the impact of specialized instruction. After a brief overview of key challenges within the field that have lead to systemic shortcomings in identification and service delivery as well as recommendations for improved practice, essential features of SWPBS are discussed, followed by a summary of the potential contribution SWPBS can make in working toward a process to prevent chronic patterns of problem behavior, identify students for special education through an educational process, and support children and youth who are identified as having an EBD across school environments.

Challenges within the EBD Field

A large challenge in providing strength-based educational support for children and youth with EBD is the current Individuals with Disabilities Education Act (IDEA) definition and traditionally accepted evaluation model that in essence seek to determine a diagnosis based on behavioral characteristics that are purported to represent underlying psychopathology. Although IDEA clearly indicates that children found eligible for special education services must not be educationally benefiting from the general education curriculum due to a suspected disability, the field continues to use a medical model within the identification process (Maag & Katsiyannis, 2008). At the heart of the continued reliance on a non-educational model for eligibility is the current federal definition of “serious emotional disturbance” (SED; Maag & Katsiyannis, 2008). The educational definition of emotional disturbance has been met with controversy and criticism since it was first introduced in Public Law 94-142 in 1975 (Forness & Knitzer, 1992). Minimal changes to the law have resulted in continued controversy over defining and identifying emotional and behavioral disorders for the past 30 years (Bower, 1982; Forness & Knitzer, 1992).

Unfortunately, the continued reliance on a restrictive medical model definition and evaluation process has lead to significant under-identification of children and youth in need of service. Currently, less than 1% of students across the United States are identified as having an

EBD (U.S. Department of Education, 2006). While estimated prevalence rates offered by special education and mental health professionals can vary from 2% to 20% of the school-age population (Walker, Ramsey, & Gresham, 2004), the generally accepted expected prevalence rate among K-12 age students is 5%–7% (Kauffman, 2005). Using the current incidence of children and youth being served under IDEA within the “SED” category and the low end of the estimated prevalence (5%) applied against the total K-12 student population, 2,810,149 children and youth who might otherwise be eligible are not receiving services under the category of “SED” (U.S. Department of Education, 2006).

Recommended Best Practices

Almost two decades ago, a group of eminent scholars in the field of EBD drafted a set of guidelines and recommendations for the provision of services and supports for children and youth with EBD (Peacock Hill Working Group, 1991). According to the Peacock Hill Working Group, all supports for students with EBD should include (a) the use of systematic, data-based interventions, (b) continuous assessment and monitoring of progress, (c) provision for practice of new skills, (d) treatment matched to problem, (e) multi-component treatment, (f) programming for transfer and maintenance, and (g) commitment to sustained intervention. Likewise, work with children and youth with anti-social behavior and conduct disorders (Walker et al., 1996; Walker, Ramsey, & Gresham, 2004) and recent work examining evidence-based practice for students with EBD at the elementary school level (Epstein, Atkins, Cullinan, Kutash, & Weaver, 2008) has delineated similar intervention elements, especially social behavioral instruction.

The field of special education has provided the roadmap of best practice, and yet the field also readily admits to an ongoing “research-to-practice gap” (Greenwood & Abbott, 2001; Kauffman, 1996). Recommendations to bridge the gap typically focus on two key elements: (a) professional development to teach educators new practices or skills and (b) ongoing and sustained feedback and technical assistance (e.g., coaching) to support progress toward full implementation. Unfortunately, most initiatives or professional development plans attempting to place evidence-based practices within the field fail to follow best practice related to professional development and the systems necessary to sustain use (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005; Guskey, 2000). The common approach of information dissemination and training alone has been well documented to not lead to significant and sustained change in school staff practices (Fixsen et al., 2005; Guskey, 2000). The good news is that sustained, focused skill-based professional development with opportunities for practice and feedback can result in staff and student behavior change.

Overview of School-Wide Positive Behavior Support

School-Wide Positive Behavior Support is a process whereby teams of educators within a school implement a multi-tiered continuum of behavior supports from prevention for all students to highly individualized supports (Horner & Sugai, 2005; Sugai et al., 2000). The SWPBS process provides a systemic framework whereby teams are taught to identify needed practices to support students and increase appropriate social behavior through the use of assessment and ongoing

data review, and develop strategies to allow high implementation fidelity across all school staff. Equal attention is directed to what supports students and staff need to be successful. In line with the focus of this special issue, SWPBS underscores a strength-based approach at all levels of support by focusing on what social behavior skills students should display versus the traditional list of infractions and consequences, and implementing an instructional approach whereby students are taught pro-social skills and are given multiple opportunities to practice and receive positive feedback.

The first level of supports within the SWPBS process is the establishment of a universal or core social behavior curriculum that applies to all students and staff across all settings. School teams identify current major and minor problem behaviors found across and within specific school settings and pro-social replacements. Across replacement behaviors, common themes or “rules” emerge, which are also positively stated (e.g., respect, responsibility, safety). Replacement behaviors are linked to core rules and are explicitly taught across all school settings. Similar to academic behavior, students also receive feedback on social skill use through instructive corrections when errors occur and positive feedback when appropriate social behavior is demonstrated. Within the universal system, school teams also review current data collection efforts, develop consistency within those retained, and develop additional systems that will allow them to monitor impact of the universal curriculum related to identified problems and to identify those students who are not being successful, or responding, to universal supports.

The second level of supports, small group or Tier II, is focused on students who are not responding to universal supports but are not displaying intense and chronic behavior problems (Horner & Sugai, 2005). Using ongoing behavior data collection and analysis and building on Tier I supports, Tier II is focused on identifying students whose behaviors require more intensive supports that (a) remain linked to school-wide expectations, (b) follow an instructional model, (c) include alterations in classroom management or instructional delivery, (c) provide additional social skills instruction in a small, more focused group, and (d) add additional organization structures through self-management or mentoring interventions. Tier III SWPBS focuses on individualized behavior support plans. Similar to Tier II, the critical distinction within a SWPBS process versus traditional individualized support is the connection and linkage to the universal system. For example, all individual plans are linked to school-wide expectations, the process for identifying students in need of individualized supports follows the school’s established data-decision making framework of needing supports beyond those that are universal, and the plan development process is embedded within the larger SWPBS team logic (Sugai et al., 2000).

An additional critical “layer” of SWPBS is the establishment of school district, regional, and state leadership teams. Similar to the school-level leadership team, the district team uses data to guide decision making, secures political support and funding to support school-team efforts, and coordinates SWPBS efforts with other initiatives to avoid duplication or competing processes that create inefficient systems. The district/state team should include key leaders and decision makers, such as associate superintendents, curriculum coordinators, directors of student services, and professional development coordinators.

As emphasized throughout this article, students with challenging behavior often require several sources of support to increase their likelihood of success. In addition, we know that many effective strategies are not being used consistently across all school personnel. The most common cause for non-use is the inefficient and non-coordinated systems created in schools and across school districts (Kauffman, 1999). Unfortunately, the task is often relegated

to the Director of Special Education, who may have little authority to change systems so school personnel can implement effective early intervention, prevention, and ongoing supports. Effective support for high-risk students will take the collective wisdom and expertise of multiple educators at the school, district, and state levels using systematic, similar, and parallel processes. One of the most important benefits school districts may see in the adoption of the SWPBS logic is alignment across social and academic supports currently in place to create a more seamless and coordinated delivery system.

Prevention and Early Intervention

While the debate continues within the field about how we should identify students with an EBD (Gresham, 2007; Maag & Katsiyannis, 2008), one point of consensus across special education and related disciplines is the need for early intervention to either prevent behavioral problems from becoming chronic and often intractable or lessen the later impact of the disability (Conroy, Hendrickson, & Hester, 2004). This need is underscored by the increasing behavioral problems noted within preschool settings (Stormont, 2001). For example, Head Start teachers report more than a quarter of their students display significant behavioral problems requiring intensive support (Webster-Stratton & Hammond, 1998). Like their school-aged counterparts, preschool children who display problem behavior are less likely to be accepted by classmates and teachers. As problem behavior increases, even at the preschool level, teachers begin to distance themselves from the offending student and offer fewer supports to the children who need it the most.

Implementation of the SWPBS process at the elementary level has been associated with decreases in overall levels of problem behavior among at-risk students in a number of randomized control trials (Horner et al., 2009; Bradshaw, Reinke, Brown, Bevans, & Leaf, 2008) and quasi-experimental studies (Barrett, Bradshaw, & Lewis-Palmer, 2008; Luiselli, Putnam, Handler, & Feinberg, 2005; Nelson, Martella, & Galand, 1998). In addition, evaluations at the preschool level have indicated that SWPBS can lessen rates of problem behavior associated with later risk (Benedict, Horner, & Squires, 2007; Duda, Dunlap, Fox, Lentini, & Clarke, 2004; Muscott, Pomerleau, & Szczesiul, 2009).

The difficulty in all prevention research is drawing firm lines between prevention/early intervention efforts and the impact, as measured by either lessening risk factors and/or the absence of problem behavior later in the child's life, given the myriad of events that occur in between. What is encouraging is that SWPBS efforts at both the preschool and elementary level have demonstrated positive changes in teacher practices. For example, Stormont, Covington-Smith, and Lewis (2007) used simple professional development and performance feedback to help Head Start teachers increase their use of proactive universal behavior support strategies, such as pre-corrections and positive feedback, to decrease overall levels of student problem behavior.

While the impact of SWPBS on the prevention of EBD cannot be unequivocally established at this point, emerging outcomes are encouraging for two reasons. First, Shores and colleagues have clearly documented the shaping effect students with EBD have on educators and their interactions within school settings (Shores, Gunter, & Jack, 1993; Wehby, Symons, & Shores, 1995). In essence, acting out, aggressive students with EBD have shaped teachers to (a) have fewer interactions with them, (b) make less demands on them, and (c) implement fewer

behavioral support strategies to alter current behavior problems. Preliminary SWPBS work at the preschool and elementary level has documented an increase in educator use of effective behavioral support strategies (e.g., Horner et al., 2004) that will hopefully alter the commonly observed coercive pattern between students with EBD and their teachers in later school years. Second, SWPBS offers educators a clear process and logic to implement preventative strategies across school buildings and school districts, something that Kauffman (1999) eloquently documented as not only typically missing, but might replace the current systems that often escalate problem behavior patterns. Finally, the instructional and positive focus of universal supports within SWPBS falls in line with recommendations found among related organization as preventative best practices (Kutash, Duchnowski, & Lynn, 2006; National Association of State Mental Health Program Directors and the National Association of State Directors of Special Education, 2002; U.S. Department of Health and Human Services, 1999).

Evaluation for Specialized Instruction

With the re-authorization of IDEA in 2004, Response to Intervention (RtI; U. S. Department of Education, 2004) was introduced within the category of Learning Disabled (LD). Documentation of a discrepancy between cognitive ability and achievement is no longer required to find students eligible for special education. Instead, educators can document that the student is not benefiting from instruction with additional supports and accommodations put in place within the general education setting (Gersten et al., 2008). Stated another way, student performance has repeatedly “not responded” to additional interventions beyond core instruction, suggesting that the student might have a disability and is therefore eligible for specialized instruction. Through the SWPBS process, teams of educators are taught to continually examine multiple data sources to determine if universal social behavior instruction is impacting noted problems and to identify those students who continue to display problem behavior.

Prior to and parallel with the call for an RtI option in the identification of students with LD, the EBD field has also advocated for the use of “non-response” data within the eligibility process (e.g., Forness & Knitzer, 1992; Peacock Hill Working Group, 1991). Since 2004, an emerging call for the examination of a similar social behavior RtI protocol has been advocated (Cheney, Flower, & Templeton, 2008; Fairbanks, Sugai, Guardino, & Lathrop, 2007; Gresham, 2007; Hawken, Vincent, & Schumann, 2008; Maag & Katsiyannis, 2008). Given the current limitations of the present definition and evaluation process, a social behavior RtI process could provide valuable data on variables directly related to the educational focus of IDEA and its mandate for educational services. Through the careful construction of proactive universal behavior supports, the ongoing and systemic collection of data to monitor progress and identify students who are in need of supports beyond universals, and the systemic implementation of additional supports beyond universals by both general educators and specialists such as counselors and school psychologists, a compelling case can be made that a child may have an EBD if he or she continues to present behavioral challenges.

Granted, like the use of RtI for the identification of a LD, all other evaluation provisions must and should remain in place. In addition, non-response data should be viewed as one component of the overall evaluation process; additional data sources, such as parent interviews or teacher-rating scales, should continue to be an essential component of the evaluation process (Kauffman, Simpson, & Mock, 2009). Non-response evidence will be valuable in making

eligibility determinations only to the degree the evaluation team has confidence the prior interventions were (a) evidence-based with clear demonstration of effect on other children or youth with emotional or behavior problems, (b) matched to student need based on a clear data-based process, (c) were implemented with integrity over a sufficient period of time, and (d) the progress monitoring data were clearly operationally defined and collected consistently across all staff in the school.

Tier II and III Supports within SWPBS for At-risk and Identified Students

Similar to the evidence documenting SWPBS impact on overall levels of problem behavior through universal supports, recent work emphasizing a continuum of pro-social supports for at-risk and identified students is also encouraging. Evidence is emerging that Tier II or small-group supports delivered as part of a SWPBS continuum are altering potential trajectories toward more chronic and intense behavior patterns (Cheney, Flower, & Templeton, 2008; Fairbanks et al., 2007; Hawken & Horner, 2003). For example, Hawken and colleagues implemented a Tier II self-monitoring process whereby students check in and out across the school day at a central location, and with their classroom teachers across the day, documenting decreases in problem behavior and increases in attendance, work completion, and academic performance (Hawken & Horner, 2003; Hawken, MacLeod, & Rawlings, 2007).

In 1997 an additional challenge was presented to the field with respect to implementation of behavioral supports for students with disabilities. The 1997 re-authorization of IDEA included a mandate for the use of Function Based Assessment (FBA) to develop a Behavior Intervention Plan (BIP) when students, as a result of disciplinary action, are removed from school beyond 10 days. While the mandate took effect if the 10-day removal rule was met, both the law and the field recommend the use of FBA-BIP as a matter of best practice when social behavior concerns arise long before the student is removed from school. In subsequent years, research focused on adapting assessment methodologies and interventions developed for subjects with significant cognitive impairments for use with students with mild disabilities, including those with EBD (e.g., Heckaman, Conroy, Fox, & Chait, 2000; Lane, Umbreit, & Beebe-Frankenberger, 1999).

FBA seeks to determine the “behavioral function” of problem behavior through observation or systemic alternation of environmental variables to confirm functional relationship between the problem behavior and key events or actions in the environment. At the most simplistic level, students engage in problem behavior to get what they find reinforcing (positive reinforcement) and/or to avoid what they find aversive (negative reinforcement). Once a hypothesis is developed, the BIP focuses on teaching a pro-social replacement response that result in the same or similar outcome as the problem behavior. For example, if the student is disrupting class by shouting rude comments or using profanity to get teacher and peer attention, a replacement behavior (e.g., raising hand, asking questions, making “neutral” comments) is taught. The most challenging aspect of an effective BIP is identifying strategies that do not allow the problem behavior to continue to access the desired outcome (e.g., shout outs are ignored by teacher and peers) because students will interact with a number of teachers and other adults within the school day.

Through the creation of a consistent universal system of support which focuses on (a) teaching social skills, (b) acknowledging student demonstration of pro-social behavior, (c) delivering instructive responses to problem behavior, and (d) providing the basic logic of applied behavior

analysis (i.e., behavior is functionally related to the teaching environment), the likelihood of consistent adult and student responses to problem and appropriate behavior is increased (Lewis, Colvin, & Sugai, 2000; Sadler & Sugai, 2009; Scott et al., 2005). For example, Lewis and colleagues demonstrated that behavioral support strategies implemented within schools with strong universal SWPBS versus those who did not have SWPBS in place had better intervention outcomes, implemented with fidelity, and indicated a higher degree of willingness to continue the interventions and/or adapt to other students with problem behavior (Lewis, Powers, Newcomer, Johnson, & Bradley, 2003). Further, Newcomer and Lewis (2004) demonstrated that function-based interventions were far superior in reducing problem behavior within an SWPBS context when compared with traditional non-function-based interventions.

Recent work exploring the systemic use of function-based problem solving at the Tier II and III level of support (Harn, Lewis, & Windett, 2009; Lewis & Mitchell, 2008) has demonstrated that school teams can triangulate data to develop function-based supports and make the necessary environmental modifications to increase the likelihood of student's use of the replacement skill, a task noted to be problematic among educators (Chitiyo & Wheeler, 2009). While the value of SWPBS on the effectiveness of FBA-based plans has not been directly evaluated, the emerging evidence paired with the basic logic of universal supports is encouraging in that it provides a vehicle to insure that the necessary environmental changes are made as part of an intensive individualized behavior support plan.

CONCLUSION

The purpose of this article was to illustrate how the systems and features of SWPBS fall in line with recommended efforts to prevent problem behaviors, assist with early identification of at-risk students, provide instructional data to assist with evaluation efforts for EBD, and build environments to promote student use of pro-social behavior. The article was not intended to be an exhaustive review of issues related to EBD or the behavioral benefits of SWPBS. In addition, SWPBS should not be inferred to be the sole answer to the challenges related to the education of students with EBD. As suggested throughout, the basic logic of SWPBS, which is firmly grounded in the science of applied behavior analysis, incorporates the majority of recommended support structures advocated by the field (Epstein et al., 2008; Peacock Hill Working Group, 1990). In addition, equal emphasis on creating support structures for educators at the school, district, region, and/or state level provides the necessary systemic features that have long been missing in most service delivery models found in K-12 education (Fixsen et al., 2005).

Work to date examining the impact of SWPBS has shown great promise in creating proactive preventative environments, producing response to intervention data to assist in the eligibility process, and creating school environments that implement and sustain evidence-based social behavioral support strategies (Sadler & Sugai, 2009). However, additional research is needed across most practices and system features of SWPBS. For example, while randomized control trials have shown the impact of universal SWPBS strategies (Horner et al., 2009; Bradshaw et al., 2008) and recent work suggests that a continuum of supports grounded in a core universal system of supports is associated with improved outcomes among high-risk students, including those with EBD (Nelson et al., 2009), additional work is needed in examining the "added

value” of SWPBS on the implementation of Tier II and III supports across several trials. Likewise, additional research is needed to examine the impact of the complete continuum on outcomes for specific groups of students, such as those receiving special education services and post-secondary outcomes for at-risk and identified students who attend schools implementing SWPBS (Nelson et al., 2009). These and other remaining empirical questions will require ongoing and sustained funding to conduct multi-site trials over extended periods of time.

While additional research is clearly warranted with respect to SWPBS and its impact on children and youth with EBD, the existing literature points to several implications for practice. First, school environments must move to a positive instructional focus if educators are to reduce problem social behavior. Both the prevention and FBA literature clearly underscore the importance of a consistent, proactive, and supportive environment that is adaptable based on student characteristics and performance. SWPBS provides the framework for educators to create such environments within school.

Second, the current “wait-fail” model predicated on the discovery of an underlying pathology only allows special education services to be provided to students at high risk when a clear and chronic pattern of behavior has been developed, established, and documented. The EBD literature is quick to point out that by then it is often too late to alter the social behavioral trajectory (Walker, Ramsey, & Gresham, 2004). In fact, Walker and colleagues documented that if significant changes in a child’s problem behavior have not occurred by the end of grade three, the child will most likely require intensive and pervasive support for the remainder of their school tenure. SWPBS provides educators with the tools and systems to identify and intervene with at-risk students before chronic patterns develop. In addition, by intervening early and using evidence-based practices matched to student need, educators are collecting valuable information that may lead to a more informed evaluation process if a disability is suspected. Finally, SWPBS has been shown to increase treatment acceptability, willingness to alter instructional environments, and adoption of instruction-based interventions for students with significant behavior problems on the part of educators and support personnel within the school.

As the research focusing on establishing a continuum of academic supports using RtI unfolds within the LD community and the ongoing evaluation of the impact of SWPBS on social behavior, stake holder groups must convene and re-think the current identification and service provision regulations for students and youth with EBD. This examination should occur over a period of time and carefully adhere to strict standards of what constitutes evidence-based practice to avoid putting policy before science. At the same time, the conversation needs to begin as the current system is clearly falling short in supporting children and youth with EBD, the educators who work with them, and their families.

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